

Seaforth Farm Surgery Quality Report

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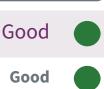
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Are services well-led?



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Seaforth Farm Surgery on 16 February 2017. Overall the practice was rated as good, however we found a breach of legal requirement and the practice was rated as requires improvement for providing well-led services.

The practice sent us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring that a system was in place to take account of the views of patients and other stakeholders.
- Ensuring the establishment of a forum for patients to share views and be involved in the development of the practice.

The full report on the February 2017 inspection can be found by selecting the 'all reports' link for Seaforth Farm Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 16 February 2017. This report covers our findings in relation to that requirement and also additional improvements made since our last inspection.

Overall the practice is rated as good. Additionally the practice is now rated as good for providing well-led services.

Our key findings were as follows:

- The practice had re-established a patient participation group (PPG). The group had met once and there were plans to meet in the near future but the date had yet to be confirmed.
- The appraisal system had been embedded in the practice. Team leaders had received an appraisal and the programme had been rolled out across the practice. Staff told us that they had received an appraisal and we saw a record of appraisals to confirm this action.
- Access to the practice telephone system continued to improve. Staff prioritised telephone answering and a dedicated team of staff answered the phones in a room separate from the main reception area.
- Whilst feedback was still mixed on the availability of appointments we found that the practice could demonstrate that appointments could be obtained within reasonable timescales. We saw a number of

Summary of findings

appointments for GPs were released on a 48 hour basis. The information we saw confirmed that there were a number of appointments available for Monday 14 August for a salaried GP, practice nurses and a paramedic practitioner. Routine appointments for one of the partners were bookable but these had an average of a ten day wait.

- The practice had appointed two paramedic practitioners and a nurse practitioner since our last inspection and we received feedback to confirm that these had been well received by patients.
- The practice was now collating and reviewing their responses to the friends and family test. We spoke with the member of staff who had taken on this role and they told us that the results were reviewed and shared with the management and staff in the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The five questions we ask and what we found

We always ask the following five questions of services.

Are services well-led?

At our previous inspection on 16 February 2017, we rated the practice as requires improvement for providing well-led services as a system had not been fully established to take account of patient views.

Good

At this inspection we found that the practice had established systems to monitor and take account of the views of patients and other stakeholders. The practice's Patient Participation Group was now in place to respond to patient feedback or involve them in the development of the practice. We saw evidence that the practice was working with the PPG to embed this initiative.

What people who use the service say

We spoke to three patients during the inspection. All of the patients felt that when they saw a clinician they were involved in decision making about the care and treatment they received.

One patient shared experiences of longer waiting times for routine appointments however the other patients we spoke with told us that they were not frequent users of the service however they felt that they could get an appointment without issue. The practice continued to collate the friends and family test results. We saw the latest results for July 2017. The practice received seven responses and six respondents were extremely likely or likely to recommend the practice. One respondent was extremely unlikely to recommend the practice.



Seaforth Farm Surgery Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector; they were accompanied by a CQC assistant Inspector.

Background to Seaforth Farm Surgery

Seaforth Farm Surgery offers general medical services to people living and working in Hailsham and the surrounding villages. The current patient list is 13438. It is a practice with three GP partners. Two partners are female and one partner male. The practice is also supported by associate/ salaried GPs who are all female and a locum GP on longer term contracts.

The practice has two nurse practitioners, four practice nurses, two paramedic practitioners, five healthcare assistants and a team of receptionists and administration staff. Operational management is provided by the practice manager.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and weight management support.

The practice is open between 8.00am and 6.30pm Monday to Friday. GP extended hours are available Monday evening between 6.30pm and 7.00pm and Wednesday and Thursday mornings between 7:30am and 8:00am. Nurse extended hours appointments are available on Monday, Tuesday, Wednesday and Thursday mornings between 7.30am and 8.00am and also in the evening on Monday between 6.30pm and 7pm. There are arrangements for patients to access care from an Out of Hours provider IC24.

Services are provided from the following addresses:

Seaforth Farm Surgery (Main surgery)

Vicarage Lane

Hailsham

East Sussex

BN27 1BH

Vicarage Field Surgery (Branch)

Vicarage Field

Hailsham

East Sussex

BN27 1BE

Why we carried out this inspection

We carried out a focused inspection of Seaforth Farm Surgery on 16 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated good overall and requires improvement for providing well-led services. Breaches of legal requirements were found. The full report on the February 2017 inspection can be found by selecting the 'all reports' link for Seaforth Farm Surgery on our website at www.cqc.org.uk.

As a result, we undertook this focused inspection on 10 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 August 2017.

During our visit:

• We reviewed the system in place to provide appraisals to staff.

- We looked at the appointment and telephone systems in place at the practice.
- We looked at the systems utilised by the practice to take account of the views of patients and other stakeholders.
- We spoke with a range of staff including a nurse, reception and administration staff and the practice manager.
- We spoke with patients.
- We spoke with two members of the patient participation group (PPG) on the day. Following our visit we also spoke with the chair of the PPG

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Practice seeks and acts on feedback from its patients, the public and staff

At our previous inspection on 16 February 2017 we rated the practice as requires improvement for providing well-led services. We found that further improvements were still required to ensure systems to take account of patient's views were fully established.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 10 August 2017. The practice is now rated good for providing well-led services.

At this inspection we found that the practice had established a patient participation group (PPG). We met with two members of the PPG on the day of the inspection and spoke with the chair of the group following this visit. All spoke positively about the practice and were looking forward to developing the group to share information and views on the services provided. We were told that the initial meeting was held in May 2017 and we saw the minutes of this meeting. The chair told us that they plan to visit other local PPGs to learn from their approach and share this with colleagues.

The group had plans to develop systems to encourage engagement within the patient population. The chair told us that they had identified communities that they wanted to work with to improve communication and greater use of the practice. This included the low uptake of childhood immunisations.

The practice continued to monitor feedback from patients. This included the friends and family test, complaints and suggestions. The practice manager confirmed that further work was required to develop online patient surveys and systems for patients to provide feedback.